

Day Support Waiver (DSW) Facts

General Information and History

- States make applications for Medicaid Waivers with the federal Medicaid agency, known as the Centers for Medicare and Medicaid Services (CMS). This enables states to waive the usual requirements that individuals must live in an institution in order to receive Medicaid funding for services. In this way, Medicaid funds certain community-based alternatives to institutional care.
- *Virginia's DSW began in early 2005 and currently serves up to 300 people.*
- The state agency that administers the DS Waiver in Virginia is the Department of Medical Assistance Services (DMAS). Day-to-day DS Waiver operations are managed by the Department of Behavioral Health and Developmental Services (DBHDS). Locally, DS Waiver services for individuals are coordinated by Support Coordinators/Case Managers employed by Community Services Boards (CSBs) or Behavioral Health Authorities (BHAs). The actual services are delivered by CSBs/BHAs and private providers across the state.
- The proportion of costs a state must pay for waivers ("match") varies from state to state based on per capita income and other factors related to revenue capacity. In Virginia, Federal Financial Participation (FFP) is approximately 50%, meaning the state must contribute about 50% of the cost in order to draw federal dollars.
- In order to receive DS Waiver services, an individual must meet eligibility requirements and a "slot" must be available. Currently the number of slots is limited by the availability of funding for DS Waiver services. Funds are managed at the state level and the appropriation of additional funds to grow the Waiver is dependent upon General Assembly action.

Individual Eligibility

An individual is deemed eligible for DS Waiver services based on three factors:

- **Diagnostic Eligibility:** Individuals must have a psychological evaluation completed by a licensed professional that states a diagnosis of mental retardation/intellectual disability and reflects the individual's current level of functioning.
- **Functional Eligibility:** All individuals receiving DS Waiver services must meet the ICF-IID (Intermediate Care Facility [for persons with] – Intellectual Disability) level of care. This is established by meeting the indicated dependency level in two or more of the categories on the "Level of Functioning Survey."

- **Financial Eligibility:** An eligibility worker from the local Department of Social Services determines an individual's financial eligibility for Medicaid. Some individuals who would not ordinarily qualify financially for Medicaid may be eligible by receipt of DS Waiver services.

Medicaid regulations specify that, once an individual has been determined eligible by the CSB/BHA support coordinator, he or she must be offered a choice between institutional and Waiver services.

"Slots" and Slot Allocation

A "slot" is a term referring to an opening of Waiver services available to a single individual. Each DS Waiver individual is assigned a slot. The Centers for Medicare and Medicaid Services (CMS) asks each state to determine a number of unduplicated individuals they expect to serve in order to determine the state's slot allocation.

How Day Support Waiver Slots Are Distributed and Assigned

When slots become available, they will be offered/assigned by the CSB/BHA to the next individual on that CSB's ID Waiver waiting list, based on the individual's date of need. This date, recorded by support coordination, indicates when the individual was placed on the ID Waiver waiting list [inclusive of both urgent and non-urgent lists]. When new slots are made available, each CSB will be assigned one Day Support Waiver slot by DBHDS. The remaining slots will be distributed to the CSBs/BHAs based on that CSB's percentage of individuals compared to the statewide total of individuals on the ID Waiver waiting list. When a slot is vacated, it will remain a CSB/BHA slot and will be offered to the next individual on the CSB's/BHA's ID Waiver waiting list, based upon the date of need.

Waiting List Information

There are 3 classifications of waiting lists.

DBHDS maintains a Statewide Waiting List that includes the names of individuals meeting the Urgent and Non-urgent criteria.

The CSB/BHA submits information to DBHDS on individuals to be added to the Statewide Waiting List (names of individuals meeting the Urgent and Non-urgent criteria).

The urgency of need of each individual on each CSB's/BHA's waiting list is to be evaluated annually by the CSB/BHA. Additions and deletions to the urgent and non-urgent categories will be made as they occur and modifications made known to DBHDS

for inclusion on the Statewide Waiting List. CSBs/BHAs assess whether applicants are included in the Urgent, Non-urgent or Planning category, based on the following criteria.

1. URGENT

Criteria

The individual, who meets diagnostic and functional eligibility criteria, is considered to be at significant risk and the individual/family would accept services if they are offered.

Criteria includes:

- Both primary caregivers are 55 years of age or older, or if there is one primary caregiver, that primary caregiver is 55 years of age or older;
- The individual is living with a primary caregiver who is providing the service voluntarily and without pay and the primary caregiver indicates that he or she can no longer care for the individual with mental retardation/intellectual disability;
- There is a clear risk of abuse, neglect, or exploitation;
- One primary caregiver, or both caregivers, has a chronic or long-term physical or psychiatric condition or conditions which significantly limits the abilities of the primary caregiver or caregivers to care for the individual with mental retardation/intellectual disability;
- The individual is aging out of a publicly funded residential placement or otherwise becoming homeless (exclusive of children who are graduating from high school); or
- The individual lives with the primary caregiver and there is a risk to the health or safety of the individual, primary caregiver, or other individuals living in the home due to either of the following conditions:
 - The individual's behavior or behaviors present a risk to himself or others which cannot be effectively managed by the primary caregiver even with generic or specialized support arranged or provided by the CSB/BHA; or
 - There are physical care needs (such as lifting or bathing) or medical needs that cannot be managed by the primary caregiver even with generic or specialized supports arranged or provided by the CSB/BHA.

2. NON-URGENT

Criteria

- Meets diagnostic (i.e., has mental retardation/intellectual disability) and functional (i.e., the Level of Functioning Survey) eligibility criteria;
- Needs services within 30 days; and
- Does not meet any of the urgent criteria.

3. PLANNING

These lists are maintained internally by the CSBs/BHAs and are not considered part of the Statewide Waiver Waiting List.

Criteria

- Meets eligibility criteria;
- Will need Waiver services in the future, unless circumstances change;
- Does not meet the urgent or non-urgent criteria.

DS Waiver Services Available in Virginia

The following services are available to individuals meeting the specific service criteria who have been assigned a DS Waiver slot:

Day support:

Center-based and community-based programs offered during the day and evening hours that provide different types of opportunities for learning new skills and completing activities of daily living, being active and involved in the community, enhancing social networks and building relationships. Supports to ensure an individual's health and safety are also provided.

Prevocational services:

Services aimed at preparing an individual for paid employment and provided to individuals who are not expected to join the regular work force without supports or participate in a transitional sheltered workshop program within a year.

Supported Employment:

Employment and on-the-job training and support in jobs in which persons without disabilities are typically employed and alongside people without disabilities. There are two types of Supported Employment. Individual Supported Employment is support, provided one-on-one by a job coach to an individual in a regular job in the community. Group supported employment is continuous support provided by staff to eight or fewer individuals with disabilities in an enclave, work crew, entrepreneurial or "benchwork" model of employment, who work in the community and have regular contact with people without disabilities.

Day Support and Prevocational services may be provided by agencies licensed by the Department of Behavioral Health and Developmental Services to provide Day Support. In addition, Prevocational services may be provided by agencies that have vendor agreements with the Department of Aging and Rehabilitative Services (DARS) to provide extended employment services, long-term employment support services, or supported employment services. Supported employment services may be provided by agencies that have vendor agreements with DARS to provide supported employment services.

Accessing DS Waiver Services

- Individual, family or representative requests services from the local CSB/BHA.
- The support coordinator/case manager determines the preferred services and necessary supports by meeting with the individual and family (or other caregivers) and confirms diagnostic and functional eligibility by obtaining a psychological evaluation and completing a Level of Functioning Survey (LOF).
- Once the individual is determined eligible (including financial eligibility through the Department of Social Services), the support coordinator/case manager informs the individual and family of the full array of Intellectual Disability and Day Support Waiver services and documents the individual's choice of Waiver or institutional care.
- If the individual selects ID or DS Waiver, the support coordinator/case manager submits required enrollment information to the DBHDS Division of Developmental Services (DDS). If no slot is available to the CSB/BHA, the individual's name will be placed on either the urgent or non-urgent Statewide Waiting List until such time as a slot becomes available. After receiving notification from DDS, the support coordinator/case manager must notify the individual or family in writing within 10 working days of his/her placement on either list and offer appeal rights.

- Once the individual accepts the slot and is enrolled, the individual selects providers for needed services. The support coordinator/case manager coordinates the development of a Person-Centered Individual Support Plan (PC-ISP) with the individual, family or other caregivers and the service providers within 30 days of enrollment. The PC ISP includes all the Plans for Supports (PFS) developed by this team and describes the services to be provided.
- Prior to the start of services, the support coordinator/case manager forwards appropriate documentation to DDS staff for review and authorization of the requested DS Waiver services.
- Once approved, DDS staff enters service data in the DMAS computer system. This generates a notification letter to the providers and permits them to bill for approved services. Service provision should commence within 60 days from enrollment.
- *Individuals may receive DS Waiver services and remain on the waiting list for the ID Waiver. They may also decline DS Waiver services and remain on the waiting list for ID Waiver.*

*All *italicized* text represents areas of distinction from the ID Waiver. Non-italicized text represents areas of similarity.